

## Noble Local Schools

### Administration of Non-prescription medication

I request the Noble Local Schools to administer the following non-prescription medication to my child. I release the school from any liability related to the administration of this medication.

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time and/or circumstances to be administered \_\_\_\_\_

\_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_